A modification of the usual operation for lacerated perineum / by John T. Hodgen.

Hodgen (John T.)

A MODIFICATION

OF OPERATION FOR

LACERATED PERINEUM.

—BY—

JOHN T. HODGEN, M. D.

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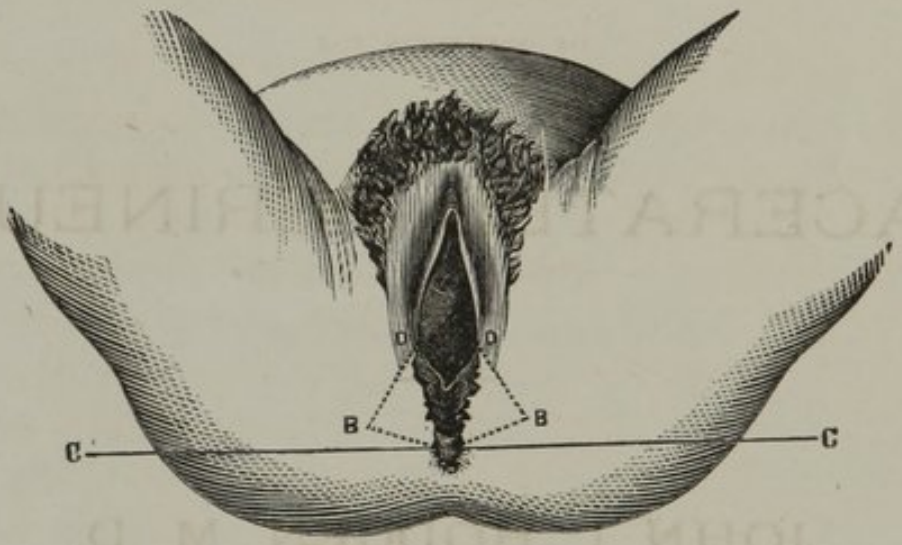
Within the past twelve months I have twice operated for ruptured perineum in the following manner:



C C, transverse line through the center of the septum. B B, first incision. B D and B D, lateral incisions carried from B B forward to D, the muco-cutaneous junction.

An incision is carried through the centre of the lower border of the imperfect septum, between the rectum and vagina, splitting it in the middle. The two ends of this incision are about one and a half inches from median line and about half an inch anterior to a transverse line drawn through the centre of the septum. This incision is about one-third of an inch deep at its central point, with its lateral portions passing into the subcutaneous areolar tissue. Other incisions of equal depth and about an inch and a half long are carried from the ends of the first incision for-

ward and toward the median line, until they reach the muco-cutaneous junction of the labia majora.

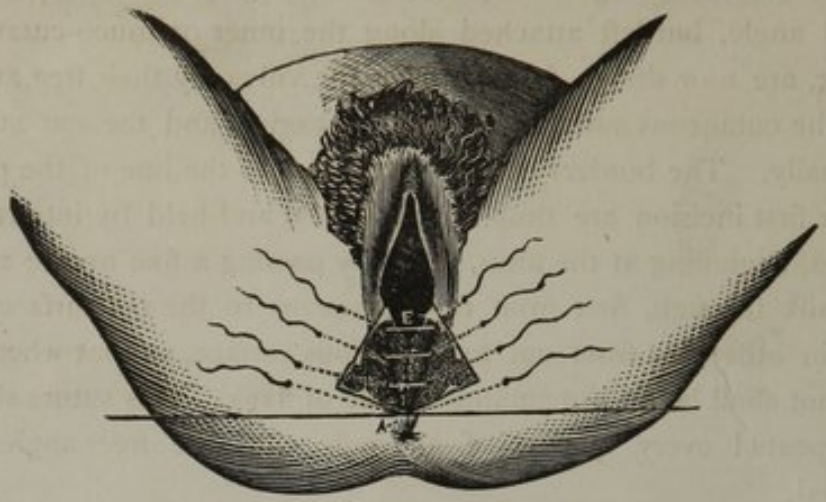
These thick, triangular flaps being dissected from their posterior lateral angle, but left attached along the inner or muco-cutaneous border, are now drawn forward over the vulva by their free angles, with the cutaneous surfaces toward the vagina and the cut surface externally. The borders which correspond to the line of the posterior or first incision are thus approximated and held by interrupted sutures, beginning at the anus, made by passing a fine needle armed with silk through, first from the cutaneous to the cut surface, and then in other flap from cut to cutaneous surface, so that when tied the knot shall be on the cutaneous side of flaps. This suture should be repeated every quarter of an inch until the free angles are reached.

The usual deep sutures of silver wire are now placed, entering for the first one at a point on the buttock about an inch beyond the cut surface and nearly opposite the outer posterior angle, and, traversing deeply the septum between the rectum and vagina, it emerges at a point (on the opposite buttock) corresponding to that of entrance.

The second suture is placed about half an inch anterior to the first and enters about an inch from the margin of the cut surface, and, traversing the tissues, emerges from the cut surface near the attached line of the flap, and passing across external to flaps re-enters at a corresponding point near attached line of the other flap, traversing the tissues of this side to emerge through the skin an inch from margin of cut surface and half an inch anterior to similar point in first suture. A third, and if necessary a fourth, suture may be used anterior to those above described, being placed about one-half an inch apart.

The thighs are now brought together, pushing the flaps of loose skin forward toward the vagina, and held in a position by tightening and twisting the wires. It will be seen that the flaps, which are usually cut off, are made to serve a double purpose. They double the extent of the surfaces approximated, which increases the strength of the new perineum, and their cutaneous surfaces are continuous with the vagina, thus furnishing an apron which prevents the vaginal discharge and urine from flowing into the cut.

In these two points consists the advantages claimed for the modified operation.



E is at the free margins of the skin flaps; E A is line of junction, by interrupted sutures, of margins of flaps taken from incision B B. The dotted lines represent the portions of the wire which are buried in the tissues, and the black and white portions are external to the tissues.

The margins of the flaps, which correspond to the outer borders of the denuded surfaces, are without sutures, leaving thus an opening for the discharge of pus from any part of the denuded surfaces which may not unite by first intention, and preventing the formation of openings for the discharge of pus along the line of the sutures.

Dr. M. A. Pallen has also recently performed the operation above described on three patients.